

Organization ID # 0663612

State of origin KY

Filing fee \$190.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

0663612.06

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LRPF

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

2/18/2016 12:41 PM

Fee Receipt: \$190.00

Alison Lundergan Grimes

Secretary of State

P. O. Box 718

Frankfort, KY 40602-0718

(502) 564-3490

<http://www.sos.ky.gov>

Reinstatement Application and

Reinstatement Annual Report

For the years 2011 through 2016

RST

Exact limited liability company name and principal office address

HARLAN CLINICAL PROPERTIES, LLC

200 MEDICAL CENTER DRIVE

SUITE 2A

HAZARD KY 41707

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

VIDYA B. YALAMANCHI, M.D.

200 MEDICAL CENTER DRIVE

SUITE 2A

HAZARD, KY 41707

Managers - List the name and address of the limited liability company's managers. If not specified, addresses default to the LLC's principal office address.

VIDYA B. YALAMANCHI

SRINI APPAKONDU

N. Rao Podapati

404 Grand Oak Lane, Hazard KY 41701

120 Roy Campbell Drive, 118, Hazard KY 41701

74 Hemalata Lane, Hazard, KY 41701

The above entity was administratively dissolved on September 10, 2011 because the entity did not file its annual report for the year 2011. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$190.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HARLAN CLINICAL PROPERTIES, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X. [Signature]

Signature of member or manager (Required)

President

Title (Required)

2/15/16

Date (Required)



DANIEL P. BORK
Commissioner

**FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
OFFICE OF INCOME TAXATION**

ELYSE WEIGEL
Deputy Commissioner

February 18, 2016

**HARLAN CLINICAL PROPERTIES, LLC
200 MEDICAL CENTER DRIVE
SUITE 2A
HAZARD KY 41707**

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HARLAN CLINICAL PROPERTIES, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Ramon REV4636, Taxpayer Services Specialist I
Pass Through Entity Branch
501 High Street, Mail Station 69
Frankfort, KY 40601
Phone: (502) 564-2169
Fax: (502) 564-3392

Kentucky Secretary of State organization number 0663612